

WORKER'S COMPENSATION COMMISSION

Department of Labor * Government of Guam
P.O. Box 9970, Tamuning, Guam 96931
Tel: (671) 475-7033/34 * Fax: (671) 475-7026

WCC File #:

INSTRUCTIONS: This form may be used by the Employer to report an injury or illness. 22 GCA 9131 requires the Employer to report to the Commissioner within ten (10) days from the date of or knowledge of any injury or illness. Failure or refusal to file this report may subject the Employer to a penalty of up to \$500.00. **PLEASE PRINT OR TYPE.**

1. Name of injured Employee, DOB & SSN:	2. Name of Employer & EIN:
3. Employee's address & telephone no.: ()	4. Employer's address & Telephone no.: ()
5. Date & time of alleged injury/illness:	6. Date of Employer's first knowledge of injury:
7. Date & hour Employee first lost time because of injury/illness:	8. Date & hour Employee returned to work:
9. Date & hour pay stopped:	10. Days usually worked per week (x days): S M T W TH F S Average hours per week:
11. Employee's occupation:	12. Employee's wages/earnings (overtime, etc):
13. Is another person not of your employment caused the accident? [] YES [] NO	a. Hourly: \$ b. Weekly: \$

14. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED: Relate the events which resulted in the injury/illness. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any object or substance involved and tell how they were involved. Give full details on all factors which led or contributed to the accident. Use additional sheets if required and attach to this report.

15. NATURE OF INJURY/ILLNESS (Name part of body affected - fractured leg, bruised arm, lacerated finger, etc) Note any amputations.

16. Has medical attention been authorized? [] YES [] NO	17. Date authorized:	18. Has insurance carrier been notified? [] YES [] NO	19. Date notified:
20. Name of treating physician:		21. Name of worker's compensation insurance carrier:	
22. Name of treating facility:		23. Name & signature of person completing report:	

22 GCA §9132 "Any person who willfully makes any false or misleading statement or representation for the purpose of obtaining any benefit or payment under this Title, or for the purpose of evading liability for any benefit or payment under this Title, shall be guilty of a misdemeanor."

24. Title of person completing report:	25. Date of this report:
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FOR STATISTICAL PURPOSES ONLY

Please choose ONE ETHNICITY:			Please choose ONE CITIZENSHIP:	
Yapese	Marshallese	African American	United States	
Chuukese	Palauan	Japanese	Permanent Resident Alien	
Kosraean	Chamorro	Chinese	Other (specify):	
Pohnepian	Filipino	American		
Korean	Other (specify):			

PLEASE CIRCLE THE APPROPRIATE ITEMS (for statistical purposes)

A. EVENT CODE

01 Fatality	02 No Time Loss	03 Time Loss
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B. NATURE OF INJURY CODE

01 Amputation 02 Asphyxia 03 Bruise/Contusion/Abrasion 04 Burn (Chemical) 05 Burn (Heat) 06 Concussion 07 Cut/Laceration/Puncture	08 Disease/Illness 09 Dislocation 10 Electric Shock 11 Exertion 12 Foreign Body in Eye/Conjunctivitis 13 Fracture 14 Freezing/Frostbite	15 Hearing Loss 16 Hernia 17 Poisoning (Systemic) 18 Puncture 19 Radiation Effects 20 Strain/Sprain 21 Other (Specify)
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C. BODY PART CODE LEFT | RIGHT

Abdomen	01		Thumb	14	15	Great Toe	34	35
Ankle(s):	02	03	Fingers Index-Small (First-Fourth)	16 17 18 19	20 21 22 23	Toes (First-Fourth)	36 37 38 39	40 41 42 43
Back	04							
Body	05							
System	06		Wrist	24	25	Ankle	44	45
Chest	07		Hand	26	27	Foot	46	47
Head	08		Elbow	28	29	Knee	48	49
Ear(s)	09	10	Arm	30	31	Leg	50	51
Eye(s)	11	12	Shoulder	32	33	Hip(s)	52	53
Face	13							

D. TYPE OF EVENT CODE

01 Absorption 02 Bite/Sting/Scratch 03 Cardio-Vascular/Respiratory System Failure 04 Caught In or Between	05 Fall (Same level) 06 Fall (From elevation) 07 Ingestion 08 Inhalation 09 Repeated Motion/Pressure	10 Rubbed/Abraded 11 Shock 12 Struck Against 13 Struck By 14 Other (Specify)
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E. SOURCE INJURY CODE

01 Aircraft 02 Air Pressure 03 Animal/Insect/Bird/Reptile/Fish 04 Boat 05 Bodily Motion 06 Boiler/Pressure Vessel 07 Boxes/Barrels, Etc. 08 Buildings/Structures 09 Chemical Liquid/Vapor 10 Cleaning Compound 11 Cold (Environment/Mechanical) 12 Dirt/Sand/Stone 13 Drugs/Alcohol 14 Dust/Particles/Chips	15 Electrical Apparatus/Wiring 16 Explosives 17 Fire/Smoke 18 Food 19 Furniture/Furnishings 20 Gases 21 Glass 22 Hand Tool (Manual) 23 Hand Tool (Powered) 24 Heat (Environmental/Mechanical) 25 Hoisting Apparatus 26 Ladder 27 Machine 28 Materials Handling Equipment	29 Metal Products 30 Motor Vehicle (Highway) 31 Motor Vehicle (Industrial) 32 Motorcycle 33 Person 34 Petroleum Products 35 Pump/Prime Motor 36 Radiation 37 Vegetation 38 Waste Products 39 Water 40 Weapons 41 Working Surface 42 Other (Specify)
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F. CONTRIBUTING ENVIRONMENTAL FACTOR CODE

01 Catch Point/Pointer Action 02 Chemical Action/Reaction Exposure 03 Flammable Liquid/Solid Exposure 04 Flying Object Motion 05 Gas/Vapor/Mist/Fume/Smoke/Dust Condition 06 Illumination 07 Materials Handling Equipment/Method 08 Overhead Moving and/or Falling Object Action 09 Overpressure/Underpressure Condition	10 Pinch Point Action 11 Radiation Condition 12 Shear Point Action 13 Sound Level 14 Squeeze Point Action 15 Temperature Above or Below Tolerance Level 16 Weather/Earthquake, Etc. Condition 17 Working Surface/Facility Layout Condition 18 Other (Specify)
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G. TASK ASSIGNMENT CODE

01 Employee Working at Regularly Assigned Task(s)	02 Employee Working at OTHER than Regularly Assigned Task(s)
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